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## \*BIBDATASHEET\*

CONFIRMATION NO. 1806

Bib Data Sheet

SERIAL NUMBER 09/977,052	FILING DATE 10/12/2001  RULE	CLASS 600	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. N02-01
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## APPLICANTS

Benjamin D. Pless, Atherton, CA;

Thomas K. Tcheng, Pleasant Hill, CA;

Eyad Kishawi, Daly City, CA; Barbara Gibb, Palo Alto, CA;

Javier Echauz, Dunwoody, GA;

Rosana Esteller, Marietta, GA;

## \*\* CONTINUING DATA \*\*\*\*\*

NONE CHZ  
5/18/05

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE CHZ  
5/18/05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 11/27/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	CA	10	89	2
Examiner's Signature <u>Carl H. Janner</u> CHZ Initials				

## ADDRESS

26876

NEUROPACE, INC.

1375 SHOREBIRD WAY

MOUNTAIN VIEW, CA

94043

## TITLE

Patient-specific template development for neurological event detection

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
RECEIVED	No. _____ for following:	<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )

1056

1056 (1056)	
<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Credit